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TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Foundation Hi NAME OF CORPORATION:	jos De La Guajira, Inc.	····	
N20000002977 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee an			
Please return all correspondence concerning this	s matter to the following	; :	
RAFAEL OSPINO			
	(Name of Contac	t Person)	
FOUNDATION HIJOS DE LA GUAJIRA, INC	C.		
	(Firm/ Comp	pany)	
23862 SW 109TH PLACE			
	(Address)	
MIAMI, FL 33032			
	(City/ State and Z	Zip Code)	· · · · · · · · · · · · · · · · · · ·
HIJOSD & LAGUAJIRA@GMAIL.COM			
E-mail address: (to b	oc used for future annual	report notification	on)
For further information concerning this matter,	please call:		
RAFAEL OSPINO		305 at	915-3468
(Name of Contact I	erson)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount m	nade payable to the Flori	da Department o	f State:
☐ \$35 Filing Fee ■\$43.75 Filing Fe Certificate of \$1	ce & □\$43.75 Filing I tatus Certified Copy (Additional copenclosed)	Certi py is Certi (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)
Mailing Address Amendment Section		Street Address Amendment Sec	etion
Division of Corporations		Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

FOUNDATION HIJOS DE LA GUAJIRA, INC.		2020
Name of Corporation as currently filed with th	e Florida Dept. of State)	2020 HH 26 PH
N20000002977		
(Docur	nent Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not For</i>	· Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		" or the abhreviation "Corp." or "Inc."
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
		
D. If amending the registered agent and/or registered		enter the name of the
new registered agent and/or the new register	EILEEN M. GAMEZ	
Name of New Registered Agent:	- CICLEN W. GAWILZ	
	14022 SW 176 TERRACE	
New Registered Office Address	•	rida street address)
New Regissered Office Address	MIAMI	33177
	(City)	, Florida (Zip Code)
	(Ciúr)	(Eip Cout)
New Registered Agent's Signature, if changing	Registered Agent:	
l hereby accept the appointment as registered age	nt. I am familiar with and accept i	he obligations of the position.
_	Estanch	
	Signature of New Revise	red Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John De V Mike Jo SV Sally Sr	ones .	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change × Add	<u>V</u>	ZORELY FANEITE	23862 SW 109 PLACE MIAMI, FL 33032
Remove			
2) Change Add	<u>S</u>	REBECCA ARANDA	238652 SW 109 PLACE MIAMI, FL 33032
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
PLEASE ADD THE OTH	HER FOUNDATION	ON MEMBERS AS STATEED ABOVE.	
PRESIDENT STAYS AS	S-IS. WE ARE AD	DING A VICE PRESIDENT AND A SECR	ETARY.

•			
· ' '			
			
			<u> </u>
			····
	<u></u>		
			· · · · · · · · · · · · · · · · · · ·
			
			
The date of each amendmen date this document was signed	t(s) adoption: MAY 1, 2020		, if other than the
	MAY 1, 02020		
Effective date if applicable:	(no more than 90 days afte	er amendment file date)	
Note: If the date inserted in t		statutory filing requirements, this date w	ill not be listed as the
document s effective date on	ne Department of State 5 feedings.		

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors.
	MAY 1, 2020
Dated	
Signatur	e
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	RAFAEL OSPINO
	(Typed or printed name of person signing)
	\sim \sim \sim \sim
	PRESIDENT ()